

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14489

State File No.

BIRTH NO.		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>6260</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Wipster Co Mo</u>				2. USUAL RESIDENCE (Where deceased lived at institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Wipster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Diggins</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Diggins</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)				STREET ADDRESS (If rural, give location) <u>1120</u>			
3. NAME OF DECEASED (Type or Print) <u>MAHABA</u>		a. (First) <u>OWIN</u>		b. (Middle) <u>CS</u>		c. (Last)	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-13-1875</u>	
9. AGE (In years, Months, Days, Hours, Min.) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during past year, or work last year if retired) <u>home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Fuggott</u>		13b. MOTHER'S MAIDEN NAME <u>Meloma Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>John Fanning (Dad)</u>	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Puryear Diggins</u> ADDRESS <u>Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary edema, pleural effusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>Valvular heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>aortic insufficiency</u> <u>chronic bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 mo</u> <u>8 1/2 mo</u> <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4210</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>5/21</u> , 19 <u>53</u> to <u>4/1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/28</u> , 19 <u>55</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. M. Macdonnell M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>4/11/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Wipster Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-16-55</u>		REGISTRAR'S SIGNATURE <u>Opal M. Good</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Bergman</u> ADDRESS <u>Wipster Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Max S. Miller

Licensed Embalmer No.

472

P. O. Address

Monmouth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.